

Food Service and Nutrition Personnel

School personnel who provide nutrition and food services to students, especially frontline servers, interact with young people on a daily basis. They are in a unique position to notice students' eating habits. This information sheet is designed to provide food service and nutrition personnel with information on how to identify possible eating disorders among students.

A student who eats too little or too much may have a problem

In your work with students, you may notice different or changing eating habits. Some students may eat a lot at one sitting, others may seem very picky about what they eat, and others may be skipping meals. While these behaviors may seem a normal part of adolescence, they can actually indicate a problem.

Disordered eating behaviors can be very harmful to students' developing bodies and minds. Students who are restricting food can have a hard time concentrating on their school work. They may fail to get all of the nutrients they need to grow and develop into healthy adults. Restricting calories can also weaken their bones and increase their risks of experiencing bone fractures and osteoporosis. In some children, disordered eating behaviors can progress to eating disorders such as anorexia or bulimia, which require intensive treatment.

"We have a big problem with students bingeing at lunch time, so we try to give them a wide choice of appealing foods that are low in fat and calories, such as fresh fruit and vegetables, with only no- and low-fat dressings."

> —Arlene Chamberlain, food service director, South Dakota



Become aware of the signs and symptoms of eating disorders

The earlier an eating disorder is detected, the better the chances for treatment. Here are some behaviors to look for:

- Making repeated references to feeling fat.
- Asking questions about the fat and/or carbohydrate content of foods; counting calories.
- Returning for lots of extra helpings or leaving their plates full.
- Consistently choosing unhealthy foods.
- Exercising excessively.
- Eating alone.
- Disappearing after meals.

If you think a student may have a problem, share your concern with the appropriate person

Because disordered eating may be a student's way of coping with pressures, she or he may be upset, angry, or afraid if you try to help. In addition to denying the problem, the student may be upset that you discovered her or his secret and feel threatened by your caring.







It is extremely difficult to diagnose an eating disorder. Having a concern that something may be wrong is enough to get a student some help. Here are some suggestions:

- Find out if your school has an established process or an identified staff person, such as a school nurse or counselor, to address these types of issues.
- Share your concern with your immediate supervisor, who can make sure that the appropriate school personnel become involved.
- ◆ Do not confront the student. There is little privacy in the lunch line and any open discussion may cut off any possibility of help. However, be open if the student wants to speak with you privately.
- Ask your supervisor how you can help.
- Develop in-service training for food service personnel to raise awareness of eating disorders and disordered eating.

Resources

The National Women's Health Information Center

Tel: (800) 994-9662; Web site: www.4woman.gov

Girl Power!

Tel: (800) 729-6686; Web site: www.health.org/gpower

American Anorexia/Bulimia Association

Tel: 212-575-6200; Web site: www.aabainc.org

National Association of Anorexia Nervosa and Associated Disorders

Tel: 847-831-3438 Web site: www.anad.org

Eating Disorders Awareness and Prevention, Inc.

Tel: 206-382-3587; Referral Hotline: 800-931-2237

Web site: www.edap.org

Harvard Eating Disorders Center

Tel: 617-236-7766; Web site: www.hedc.org

Massachusetts Eating Disorder Association, Inc.

Tel: 617-558-1881; Web site: www.medainc.org

Pennsylvania Educational Network for Eating Disorders

Tel: 412-366-9966; E-mail: PENED1@aol.com.

Definitions

Disordered eating refers to troublesome eating behaviors, such as restrictive dieting, bingeing, or purging, which occur less frequently or are less severe than those required to meet the full criteria for the diagnosis of an eating disorder.

Binge eating disorder means eating large amounts of food in a short period of time, usually alone, without being able to stop when full. The overeating or bingeing is often accompanied by feeling out of control and followed by feelings of depression, guilt, or disgust.

Overexercising is exercising compulsively for long periods of time as a way to burn calories from food that has just been eaten. People with anorexia or bulimia may overexercise.

Bulimia nervosa is characterized by cycles of binge eating and purging, either by vomiting or taking laxatives or diuretics (water pills). People with bulimia have a fear of body fat even though their size and weight may be normal.

Anorexia nervosa is self-starvation. People with this disorder eat very little even though they are thin. They have an intense and overpowering fear of body fat and weight gain.